BENEFICIARY DESIGNATION **GOVERNMENTAL 457(b) PLAN**

City of Riverside Employee's Deferred Compensation Plan 98246-01							
Participant Inform	nation						
Last N	Tame	First Nan	ne	MI		Social Security Number	
	F_M	oil Addross			-		
E-Mail Address					Account Extension (if applicable) Account extension identifies funds that were		
☐ Married ☐ Unmarried						erred to you through a divorce or death.	
Plan Beneficiary	Designation						
information is missing beneficiaries predeceas state law. This designation su amounts unpaid upo	g, additional interess me or I fail to persedes all perse	ormation may be or designate benefication designation designation be divided equa	required priciaries, amounts. Benefilly. Primar	rior to recording ounts will be paid ciaries will sharry and conting	my beneficiand pursuant to are equally tent benefic	e the right to change the ary designation. If my prima the terms of the Plan Docu if percentages are not plaries must separately to an additional sheet, if n	ary and contingent ment or applicable provided and any otal 100.00%. The
#1 % of Account Balance	Social Security	Numbon	Duimour	Beneficiary Name		Polotionahin	Date of Birth
% of Account Balance	Social Security	Number	Primary	beneficiary Name		Relationship	Date of Birth
#2 % of Account Balance	Social Security	Number	Primary	Beneficiary Name		Relationship	Date of Birth
#3 % of Account Balance	Social Security	Number	Primary	Beneficiary Name		Relationship	Date of Birth
Contingent Benefic	iary						
#1	Social Security	Number	Conting	ent Beneficiary Na	me	Relationship	Date of Birth
#2 % of Account Balance	Social Security	Number	Conting	ent Beneficiary Na	ne	Relationship	Date of Birth
#3	Social Security	Number	Conting	ent Beneficiary Na	me	Relationship	Date of Birth
Provider is required to	o comply with , Service Provi national c	the regulations ar der cannot conduc r blocked per	nd requiren ct business	nents of the Offi with persons in	ce of Foreign a blocked co	ry Designation form. I unde Assets Control, Departme untry or any person design ase access the OFAC	nt of the Treasury ated by OFAC as a
Participant Signature			Date	,	Participant	forward to Plan Admini	strator/Trustee

Date



Authorized Plan Administrator/Trustee Signature